

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 10-11-590-708	2. PAR FOR PERIOD 6/30/74 TO 5/30/75	3. COUNTRY Korea	4. PAR SERIAL NO. 1976-3
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5. PROJECT DURATION: Began FY <u>74</u> Ends FY <u>76</u>		6. DATE LATEST PROP <u>5/29/74</u>		7. DATE PRIOR PAR <u>None</u>	
10. U.S. FUNDING		a. Cumulative Obligation Thru Prior FY: \$ <u>500,000</u>		b. Current FY Estimated Budget: \$ <u>210,000</u>	
		c. Estimated Budget to completion After Current FY: \$ <u>-0-</u>			

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME <u>Westinghouse Electric Corporation (Health Systems Group)</u>	b. CONTRACT, PASA OR VOL. AG. NO. <u>AID/ea-C 1067</u>
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I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION IX			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID 'W	HOST		
			<p>None. (Evaluation suggests that the objectives and strategies in current PROP and Project Agreement are adequate to guide actions at this early stage of the project. A general evaluation will be completed by ROKG/USAID in January 1976 after more experience is obtained.)</p>	

D. REPLANNING REQUIRES		E. DATE OF MISSION REVIEW	
REVISED OR NEW:	<input type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	<u>June 12, 1975</u>	
PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE		MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE	
<u>James R. Brady</u>		<u>Michael H.B. Adler</u>	

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

INPUT OR ACTION AGENT	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	DISATISFACTORY		SATISFACTORY			OUTSTANDING		LOW	MEDIUM			HIGH
	1	2	3	4	5	6	7					
1. Westinghouse Corporation				X								X
2.												
3.												

Comment on key factors determining rating:

Two-man team has been on board only for two months, but is proceeding satisfactorily to establish working relationships with counterpart organizations and develop detailed work plan. One 30-day consultant arrived in May to help develop in-country training programs and identify candidates for overseas training.

4. PARTICIPANT TRAINING	\$14,000	1	2	3	4	5	6	7	1	2	3	4	5
					X						X		

Comment on key factors determining rating: One long-term (12 months) and 6 short-term (one month) participants to be programmed by USAID and 6 long-term participants by contractor to train health planners for Ministry of Health's planning section, SNU School of Public Health, and new National Health Secretariat. Westinghouse contract includes \$54,000 for participant training.

5. COMMODITIES	\$20,722	1	2	3	4	5	6	7	1	2	3	4	5
					X						X		

Comment on key factors determining rating:

Minor commodity input will be required for supporting new ROKG Health Planning staffs (2-3 vehicles, audio-visual and planning aids, and library-reference materials). PIO/C's are now being prepared.

6. COOPERATING COUNTRY	a. PERSONNEL	1	2	3	4	5	6	7	1	2	3	4	5
	b. OTHER Funding			X								X	

Comment on key factors determining rating:

- (1) Ministry of Health has moved slowly in requesting authority to establish new Health Planning Section, but approval is expected by July 1975.
- (2) Creation of other necessary national health bodies was agreed to in principle by ROKG in March 1975. Action by Economic Planning Board (EPB) to establish National Health Council and National Health Secretariat expected by July 1975.
- (3) Scope of activities in CY 1975 may be reduced by EPB's failure to include adequate project counterpart funds in ROKG budget.

7. OTHER DONORS	WHO/UNICEF	1	2	3	4	5	6	7	1	2	3	4	5
					X						X		

(See Next Page for Comments on Other Donors)

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II. 7. Continued: Comment on key factors determining rating of Other Donors

WHO/UNICEF and USAID are coordinating their efforts to achieve their mutual goal of a stronger Health Planning System.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY		FY <u>76</u>	FY ____	END OF PROJECT
			TO DATE	TO END			
1. Senior health planning economists trained and employed in EPB/MHSA.	PLANNED	0	0	0	2		2
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			1	1		2
2. Health planning and research analysts trained and employed in EPB/MHSA/KDI.	PLANNED	0	0	2	3		5
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			1	4		5
3. Research and test agenda delineated and activated.	PLANNED	0	75%	25%			100%
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			25%	75%		100%
4. Data-gathering system created to support health planning needs.	PLANNED	0		50%	50%		100%
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			10%	90%		100%
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. Need for new "low cost" health delivery system accepted by economic planners & health officials.		Need has become understood and accepted by economic planners and by several Ministry of Health officials. This is reflected in new guidelines and proposals for health component of 4th Five-Year Plan.					
2.		COMMENT:					
3.		COMMENT:					

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IV. PROJECT PURPOSE

1. Statement of purpose as currently envisaged.

2. Same as in PROP? ☒ YES ☐ NO

Assist the ROKG to establish a health sector planning capability which is based on systematic analysis, research, and data assessment.

a. 1. Conditions which will exist when above purpose is achieved. Items 1-3

2. Evidence to date of progress toward these conditions.

1. EPB, MHSa and Ministry of Home Affairs staffed and linked together in discharging discrete functions related to health planning.

2. Health sector management information system installed.

3. National Health Planning Council and Interministerial Committee organized.

NOTE: No progress to report yet on items 4-8 under Sec. B.2. of PROP.

1. Agreement was reached to establish National Health Council to promote inter-ministerial cooperation and support on health planning. Membership includes EPB, MHSa, MHA, Ministry of Education, and representatives of private sector and academia. Creation expected by end FY 75.

2. We had some success in getting ROKG to recognize present health data system is woefully inadequate. ROKG/USAID has made 3 small grants to local universities to conduct limited baseline research to initiate data collection effort.

3. See 1. above.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

Sector goal is "Enhanced public welfare in rural areas through expanded health, sanitation, and social security programs and facilities based on economically sound and site-tested planning systems."

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

The achievement of the project purpose will provide the institutional system and procedures for rationally allocating resources to upgrade health services. However, achievement of the program goal requires a political or policy level decision to utilize the new system in such a way that existing resources are allocated rationally to achieve maximum cost-benefits.

AIRGRAM**DEPARTMENT OF STATE****UNCLASSIFIED**

CLASSIFICATION

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DATE SENT

5/28/76

FROM - Seoul

SUBJECT - Korea Health Planning Project -- Project Appraisal
Report (PAR)

REFERENCE -

To supplement the specific items covered in the attached PAR, we would like to pass on some general comments and opinions regarding the progress of the Health Planning Project.

The original expectation that an institution-building project of this type could be completed in two years (1974-1976) was highly optimistic. Viewed in broad perspective, progress has been rather impressive in some areas, but considerable work remains to be done in others. On the positive side, Koreans (particularly the economic planners) point out that the Health Planning Project has been responsible for obtaining much more attention for national health needs and the relationship of health to general economic development. Several Koreans have also reported that the AID grant and loan-funded health activities are very supportive of the ROKG's efforts to give more attention to Social Development, especially during the 4th Five-Year Economic Plan (1977-81).

The AID inputs are perhaps given added emphasis because the ROKG has been forced by the oil crisis and other economic setbacks to allocate less resources to Social Development in the next Five-Year Plan than was originally intended. The AID Health Demonstration Loan Project will provide extra resources

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DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY:
JDEbrady:kms	HP	4227	5/29/75	AID/REP:Dennis P. Barrett

AID AND OTHER CLEARANCES

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for designing and testing health delivery models during 1977-81 which can be disseminated on a national scale under the 5th Five-Year Economic Plan (1982-86). The Health Planning Project has helped establish the framework for this developmental phase (1977-81) through support for: (a) preparation of the health component of the 4th Five-Year Plan and (b) creation of necessary health planning organizations (e.g., the health planning section of the Ministry of Health and Social Affairs (MHSA) and the National Health Secretariat at the Korea Development Institute). The Project has also stimulated a significant increase in research on national health problems. While the operational relevance of some research results may be less than desired, considerable information is being generated and there is closer cooperation and interchange between health practitioners and the academic and research community. One research and evaluation activity where we have made slow progress concerns the establishment of a health information system. It was only as a result of the drafting exercise for the 4th Five-Year Plan that the need for a comprehensive scheme of data collection and utilization really became apparent to the key planners. Once the problem was recognized, a small USAID grant was made to the Korea Development Institute for the assessment of the existing data situation and the design of an improved system.

While we indicated above that the health sector is being given greater priority than before, health still does not rank very high on the scale of national development priorities. As in many other countries, public health needs are not regarded as very critical items by political leaders. While the mass media has paid considerable attention to the need for lower cost health care and the expansion of services in rural areas, there are no organized health consumer interests to apply pressure for change. The Ministry of Health and Social Affairs (MHSA) is the key government agency concerned with national health planning and it has not been in the mainstream of national development planning and decision-making. While we have established close working relationships with key MHSA counterparts, the Ministry has traditionally not had strong central leadership or a development-oriented management system. With only limited pressures for innovation being applied from outside, there has been no broad base of support within MHSA for the Health Planning Project's

concern with organizational and programmatic changes. Stronger support has come from such agencies as the Economic Planning Board and from private or academic groups concerned with improving community health. Korean observers do credit the Project with helping to focus attention on the need for a more effective structure to plan and implement national programs which are responsive to current health needs. The Westinghouse Health Planning Advisory Team has been one of the critical elements in sustaining interest and progress within the MHSA. Several Korean counterparts are also expecting significant improvements in the Ministry as a result of the appointment of Mr. Shin, Hyun Hwack as Minister in December 1975. Minister Shin has been very frank and cordial in his discussions with us, but he still appears to be weighing his alternatives for making major program and organizational changes.

As the Health Planning Project phases down its activities during the balance of CY 1976, we expect the Health Demonstration Loan activities to reinforce the trend toward improved health planning. The new Korean Health Development Institute (KHDI) has adequate legal authority and financial support for developing and field-testing new schemes for delivering low-cost health services. The new National Health Secretariat (NHS) at KDI will focus its research on some of the broader economic and policy questions related to national health development. The new Health Policy Council, chaired by the Deputy Prime Minister, should be instrumental in helping to translate the micro and macro research findings and recommendations of KHDI and NHS into better national policies and programs.

Finally the USAID Project Manager for the Health Planning Project would like to note the strong support given to the Project by the U.S. Mission and AID/W managerial and technical staffs. This excellent agency backstopping made it easier to cope with some difficult aspects of project implementation.

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Attachment:
a/s

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PROJECT APPRAISAL REPORT (PAR)

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5. PROJECT TITLE

HEALTH PLANNING

6. PROJECT DURATION: Began FY 74 Ends FY 76	7. DATE LATEST PROP 5/29/74	8. DATE LATEST PIP None	9. DATE PRIOR PAR 6/12/75
10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 710,000	b. Current FY Estimated Budget: \$ 0	c. Estimated Budget to completion After Current FY: \$ 0

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME Westinghouse Electric Corporation (Health Systems Group)	b. CONTRACT, PASA OR VOL. AG. NO. AID/ea-C-1067

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
	X		1. Negotiate extension of Westinghouse Contract from September 30, 1976 to December 31, 1976 (Refer: Seoul 3916)	June 30, 1976
		X	2. Designate permanent location of planning unit within MHSA (Ministry of Health and Social Affairs).	June 30, 1976
		X	3. Develop incountry training programs to upgrade health planning knowledge and skills of new staffs in MHSA and NHS/KDI.	June 25, 1976 (first program)

D. REPLANNING REQUIRES

REVISED OR NEW:

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PROP

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PIP

☐

PRO AG

☐

PIO/T

☐

PIO/C

☐

PIO/P

E. DATE OF MISSION REVIEW

May 25, 1976

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE

James R. Brady

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE

Dennis P. Barrett

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT		B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)					
		UNSATISFACTORY		SATISFACTORY			OUTSTANDING		LOW	MEDIUM			HIGH	
CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY		1	2	3	4	5	6	7	1	2	3	4	5	
1.	Westinghouse Corporation-Health Systems Division					X							X	
2.														
3.														

Comment on key factors determining rating

Two-person team (Health Planning and Health Economics) has been operating effectively during past year to assist ROKG in (1) preparing national health development plan (1977-81), (2) establishing health planning organizations in MHSA and Korea Development Institute (KDI) (3) conducting research and (4) training key staff members. Two short-term consultants were also utilized to (1) provide orientation/training to EPB's Health Sector task committee and (2) identify training needs. Close working relationships have been established between Contract Advisory Team and USAID.

4. PARTICIPANT TRAINING	Contract: \$54,200	1	2	3	4	5	6	7	1	2	3	4	5
	USAID: \$14,000			X							X		

Comment on key factors determining rating

Primary problem was to identify persons with appropriate experience or assignments who also had English Language ability. Four MPH level participants from MHSA are in training and will provide ministry with core staff upon return. Two short term participants returned in May.

5. COMMODITIES	USAID: \$20,722	1	2	3	4	5	6	7	1	2	3	4	5
	(4 PIO/C's)			X							X		

Comment on key factors determining rating

We ~~have had~~ delay in processing two PIO/C orders within USAID and Embassy-JAS, but these have not seriously affected general operations. Service on two PIO/C's processed by AID/W and GSA has been very satisfactory.

6. COOPERATING COUNTRY	a. PERSONNEL	1	2	3	4	5	6	7	1	2	3	4	5
	b. OTHER				X							X	

Comment on key factors determining rating

There is still an inadequate core of professional level planners in MHSA and Health Secretariat (KDI). The MHSA created a Health Planning Section in 1975 but may have to elevate this organization in order to get sufficient positions allocated to do the job. The new Health Secretariat at KDI is actively trying to recruit two senior health professionals to complement the two on board. Each senior person will be supported by 2-3 researchers. In-country training and orientation to make these new staffs effective will be given priority during next six months.

7. OTHER DONORS	WHO/UNICEF	1	2	3	4	5	6	7	1	2	3	4	5
					X						X		

(See Next Page for Comments on Other Donors)

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II. 7. Continued: Comment on key factors determining rating of Other Donors

USAID, WHO, and UNICEF have coordinated activities to achieve the mutual objective of a more effective ROKG health planning system.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY		FY ____	FY ____	END OF PROJECT
			TO DATE	TO END			
1. Health planning economists trained and employed in MHSA, EPB or KDI.	PLANNED	0	1	1			2
	ACTUAL PERFORMANCE	1	1				
	REPLANNED			1			2
2. Health planning and research analysts trained and employed in EPB/MHSA/KDI.	PLANNED	0	5				5
	ACTUAL PERFORMANCE	1	5				
	REPLANNED			0			6
3. Planning and research directors trained and employed in MHSA, EPB or KDI.	PLANNED	2					2
	ACTUAL PERFORMANCE	1	1				
	REPLANNED			0			2
4. Data-gathering system created to support health planning needs.	PLANNED	50%	25%	25%			100%
	ACTUAL PERFORMANCE	20%	20%				
	REPLANNED			60%			60%
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT: Need has become understood and accepted by economic planners and by several Ministry of Health officials. This is reflected in new EPB guidelines for planning and the draft of the health component of the 4th Five-Year Plan (1977-81).					
1. Need for new "last cost" health delivery systems accepted by economic planning & health officials.		COMMENT: USAID/ROKG project review discussions in February 1976 highlighted lack of personnel with professional training in health economics and planning techniques. The small core of existing professionals is quite inadequate to					
2. Recognition of need for more Health Planning professionals.		COMMENT: cope with the needs being generated by the higher priority now being accorded to the health sector. Consequently more effort will be devoted by the project to staff training and development during the balance of 1976.					
3.							

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IV. PROJECT PURPOSE

1. Statement of purpose as currently envisaged.

2. Same as in PROP? ☒ YES ☐ NO

Assist the ROKG to establish a health sector planning capability which is based on systematic analysis, research, and data assessment.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<p>1. EPB, MHSA and Ministry of Home Affairs staffed and linked together in discharging discrete functions related to health planning.</p> <p>2. Health sector management information system installed.</p> <p>(Con. nued-Page 5)</p>	<p>1. A seven member Health Policy Council was created in EPB in April 1976, with members from EPB, MHSA, MHA, Ministry of Education and from private sector/academia. The Deputy Prime Minister serves as Chairperson. The Council will be supported by a 14-person National Health Secretariat located at the Korea Development Institute.</p> <p>2. The need for developing an integrated data collection and utilization system is now recognized by ROKG as result of problems encountered during preparation of health component of 4th Five Year Plan (1977-81). MHSA has elevated its statistics function to Section level. Ad hoc interagency committee on health data was recently created. With support of</p>

V. PROGRAMMING GOAL

A. Statement of Programming Goal

Sector goal is "Enhanced public welfare in rural areas through expanded health, sanitation, and social security programs and facilities based on economically sound and site-tested planning systems."

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

The achievement of the project purpose will provide the institutional system and procedures for rationally allocating resources to upgrade health services. However, achievement of the program goal requires a political or policy level decision to utilize the new system and allocate adequate resources. In other words, while the project can help produce more effective program proposals and plans, the decisions to fund such plans are influenced by other factors. Thus, if national leaders do not see health problems as being critical, then non-health programs may continue to receive higher priority in the allocation of funds.

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1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
3. National Health Planning Council and Inter-ministerial Health Planning Committee or equivalents thereof organized, staffed and functioning.	USAID research grant, senior fellow at KDI will work with the ad hoc group to examine the current system and propose changes.
4a. A set of health sector objectives has been developed.	3. See (1) above. In addition, a temporary Health Sector Task Committee was created to prepare the next five-year Health Plan (1977-81). This committee was composed of government and private sector members.
4b. The determinants and conditions of "health status" have been identified,	4a. Objectives have been broadly defined in draft Health Plan (1977-81) submitted to EPB in April 1976. These need to be refined, a process that will occur during continuous "rolling plan" revisions.
5. Analytical decision-making techniques are employed in health planning.	4b. National health status and desired standards have not been well-defined, although there are elements of both distributed throughout the Health Plan (1977-81).
6. A network of research/ planning competence has been established through contractual arrangements with research organizations.	5. The staffs and procedures required to increase the use of such techniques in health agencies have been improved significantly during the past year. The Project's training and related activities will also support the expansion of such techniques.
	6. The project has awarded + 20 grants and is processing additional grants which will have a dual benefit of (a) providing data needed for planning and (b) providing organizations with research experience in the health sector.

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7. Midway point has been reached in the development of a cadre of well-qualified personnel for health planning and research.

8. Operation of 2-4 field tests of health systems.

7. New health planning staffs have been created in the MHSA and KDI (Health Secretariat). Additional health planning and research talent will also be developed in the new Korea Health Development Institute.

8. Since A.I.D. decided to initiate the Health Demonstration Loan Project in FY 75, the Health Planning Project decided to concentrate its research efforts largely on other types of research to generate data for health planning. Under the Loan Project, the new Korean Health Development Institute will be responsible for developing and supporting the field testing of new health delivery systems. The Health Planning project has supported research to generate basic data on health needs, resources, morbidity patterns, and health service outcomes. Currently funded projects stress development of models and program recommendations on data collection and utilization, training and education for Health Planning, financing of health care, utilization of health resources, etc.